

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
**** STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD	REC	241	1	241	<p>STATE MEDICAID RESEARCH FILES (SMRF) LONG TERM CARE SERVICES RECORD PROVIDES INFORMATION ON SERVICES PROVIDED IN LONG TERM CARE INSTITUTIONS FOR EACH RECIPIENT. THESE SERVICES INCLUDE NURSING FACILITY SERVICES AND INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED. THE RECORDS IN THIS FILE ARE TYPICALLY WEEKLY OR MONTHLY LONG TERM CARE CLAIMS. HOWEVER, FOR SOME STATES, THERE MAY BE SEPARATE RECORDS FOR ANCILLARY SERVICES IN (SUCH AS PHYSICAL THERAPY).</p> <p>THESE RECORDS REPRESENT ALL MEDICAID-COVERED SERVICES FOR THE ELIGIBLE. HOWEVER, THEY MAY NOT INCLUDE ALL LONG TERM CARE SERVICES OR COMPLETE INFORMATION ON MEDICAID COVERED SERVICES WHEN THE ELIGIBLE HAS OTHER HEALTH INSURANCE COVERAGE (E.G. MEDICARE AND/OR PRIVATE COVERAGE).</p> <p>MSIS RECORDS WITH TYPE OF CLAIM = 4 (SERVICE TRACKING CLAIM) ARE EXCLUDED FROM ALL MAX FILES.</p> <p>FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE, SEE "SMRF TYPE OF SERVICE" (DATA ELEMENT #17).</p> <p>USERS SHOULD REFER TO THE "MSIS TECHNICAL SPECIFICATIONS AND DATA DICTIONARY" FOR A COMPLETE LIST OF MSIS DATA EDIT SPECIFICATIONS.</p>

MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
*** ELIGIBILITY GROUP	GROUP	73	1	73	ELIGIBILITY INFORMATION ADDED TO EACH SERVICE RECORD, FROM MSIS ELIGIBILITY FILES (USING ELIGIBLE IDENTIFICATION NUMBER).
1. ELIGIBLE IDENTIFICATION NUMBER	CHAR	20	1	20	UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS).  SOURCE: MSIS ELIGIBILITY FILES
2. STATE ABBREVIATION CODE	CHAR	2	21	22	U. S. POSTAL SERVICE 2-CHARACTER ABBREVIATION FOR THE STATE MEDICAID AGENCY SUBMITTING THE DATA.  CODES: AL = ALABAMA AK = ALASKA AZ = ARIZONA AR = ARKANSAS AS = AMERICAN SAMOA CA = CALIFORNIA CO = COLORADO CT = CONNECTICUT DE = DELAWARE DC = DISTRICT OF COLUMBIA FL = FLORIDA GA = GEORGIA GU = GUAM HI = HAWAII ID = IDAHO IL = ILLINOIS IN = INDIANA IA = IOWA KS = KANSAS KY = KENTUCKY LA = LOUISIANA ME = MAINE MD = MARYLAND MA = MASSACHUSETTS MI = MICHIGAN MN = MINNESOTA MS = MISSISSIPPI MO = MISSOURI MT = MONTANA

## MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
					NE = NEBRASKA
					NV = NEVADA
					NH = NEW HAMPSHIRE
					NJ = NEW JERSEY
					NM = NEW MEXICO
					NY = NEW YORK
					NC = NORTH CAROLINA
					ND = NORTH DAKOTA
					OH = OHIO
					OK = OKLAHOMA
					OR = OREGON
					PA = PENNSYLVANIA
					PR = PUERTO RICO
					RI = RHODE ISLAND
					SC = SOUTH CAROLINA
					SD = SOUTH DAKOTA
					TN = TENNESSEE
					TX = TEXAS
					UT = UTAH
					VT = VERMONT
					VI = VIRGIN ISLANDS
					VA = VIRGINIA
					WA = WASHINGTON
					WV = WEST VIRGINIA
					WI = WISCONSIN
					WY = WYOMING

SOURCE: MSIS ELIGIBILITY FILES

MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
3. ELIGIBLE SOCIAL SECURITY NUMBER	CHAR	9	23	31	<p>SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE.</p> <p><i>USER NOTE: NOT AVAILABLE FOR SOME NEW YORK ELIGIBLES IN 1999.</i></p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>
4. MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER	CHAR	12	32	43	<p>THE ELIGIBLE'S HEALTH INSURANCE CLAIM (HIC) NUMBER. THIS NUMBER IS APPLICABLE ONLY TO MEDICAID ELIGIBLES WHO ARE ALSO ELIGIBLE FOR MEDICARE AND IS ASSIGNED TO AN ELIGIBLE BY THE MEDICARE PROGRAM.</p> <p><i>USER NOTE: AN ELIGIBLE'S HIC NUMBER MAY CHANGE AS HIS/HER ENROLLMENT MEDICARE ELIGIBILITY STATUS CHANGES. THE ACCURACY OF REPORTING OF HIC NUMBERS IN MEDICAID ELIGIBILITY DATA IS UNKNOWN. THIS MSIS DATA ELEMENT IS AVAILABLE BEGINNING IN 10/98.</i></p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>
5. ELIGIBLE BIRTH DATE	NUM	8	44	51	<p>BIRTH DATE OF THE MEDICAID ELIGIBLE.</p> <p>8 DIGITS</p> <p>EDIT-RULES: YYYYMMDD</p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>
6. ELIGIBLE SEX CODE	CHAR	1	52	52	<p>GENDER OF THE MEDICAID ELIGIBLE.</p> <p>1 CHARACTER</p> <p>CODES:</p> <p>M = FEMALE</p> <p>F = MALE</p> <p>U = UNKNOWN/ERROR</p> <p><i>USER NOTE: THESE CODES CHANGE TO F, M AND U IN THE 1999 MSIS DATA.</i></p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>

MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
7. ELIGIBLE RACE/ETHNICITY CODE	CHAR	1	53	53	<p>RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>1 = WHITE, NOT OF HISPANIC ORIGIN (CHANGED TO "WHITE" BEGINNING 10/98)</p> <p>2 = BLACK, NOT OF HISPANIC ORIGIN (CHANGED TO "BLACK OR AFRICAN AMERICAN" BEGINNING 10/98)</p> <p>3 = AMERICAN INDIAN OR ALASKAN NATIVE</p> <p>4 = ASIAN OR PACIFIC ISLANDER (CHANGED TO "ASIAN" BEGINNING 10/98)</p> <p>5 = HISPANIC (CHANGED TO "HISPANIC OR LATINO - NO RACE INFORMATION AVAILABLE" BEGINNING 10/98)</p> <p>6 = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NEW CODE BEGINNING 10/98)</p> <p>7 = HISPANIC OR LATINO <u>AND</u> ONE OR MORE RACES (NEW CODE BEGINNING 10/98)</p> <p>8 = MORE THAN ONE RACE (NEW CODE BEGINNING 10/98)</p> <p>9 = UNKNOWN</p> <p>USER NOTE: SINCE SPECIFICATIONS FOR CODE VALUES = 7 AND 8 WERE NOT ISSUED BY HCFA UNTIL MAY 2000, THESE CODE VALUES MAY NOT APPEAR. THE METHODS OF COLLECTING INFORMATION ON RACE AND ETHNICITY DIFFER SUBSTANTIALLY ACROSS STATES AND TIME PERIODS.</p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>

## MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
8. STATE SPECIFIC ELIGIBILITY CODE - MOST RECENT	CHAR	6	54	59	STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - MOST RECENT OBSERVATION.  <i>USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO SMRF UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE SMRF UNIFORM ELIGIBILITY CODES. THROUGH 9/98 THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE SMRF PERSON SUMMARY FILE. THEREFORE, THIS CODE MAY NOT MATCH THE ELIGIBILITY GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON, SOME USERS MAY WANT TO USE THE STATE SPECIFIC ELIGIBILITY CODE FROM THE SMRF PERSON SUMMARY FILE.</i>  <i>SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF STATE SPECIFIC ELIGIBILITY FROM THE SMRF PERSON SUMMARY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH. IT HAS NOT BEEN RECODED FROM THE SMRF PERSON SUMMARY FILE.</i>

MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
9. STATE SPECIFIC ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	6	60	65	STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - FOR THE MONTH OF SERVICE.
<p>USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO SMRF UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE SMRF UNIFORM ELIGIBILITY CODES. THROUGH 9/98, THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE (FOR ENDING MONTH OF SERVICE) IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE SMRF PERSON SUMMARY FILE.</p> <p>SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF STATE SPECIFIC ELIGIBILITY FROM THE MSIS PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.</p>					

MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
10. SMRF UNIFORM ELIGIBILITY CODE - MOST RECENT	CHAR	2	66	67	STATE MEDICAID RESEARCH FILES (SMRF) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - MOST RECENT OBSERVATION

CODES:

00 = NOT ELIGIBLE  
 11 = AGED, CASH  
 12 = BLIND/DISABLED, CASH  
 14 = AFDC CHILD, CASH  
 16 = AFDC-U CHILD, CASH  
 15 = AFDC ADULT, CASH  
 17 = AFDC-U ADULT, CASH  
 21 = AGED, MEDICALLY NEEDY (MN)  
 22 = BLIND/DISABLED, MN  
 24 = AFDC CHILD, MN  
 25 = AFDC ADULT, MN  
 31 = AGED, POVERTY  
 32 = BLIND/DISABLED, POVERTY  
 34 = CHILD, POVERTY  
 35 = ADULT, POVERTY  
 3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION  
 ACT OF 2000, POVERTY  
 41 = OTHER AGED  
 42 = OTHER BLIND/DISABLED  
 48 = FOSTER CARE CHILD  
 44 = OTHER CHILD  
 45 = OTHER ADULT  
 51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION  
 52 = DISABLED, SECTION 1115 DEMONSTRATION EXPANSION  
 54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION  
 55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION  
 99 = UNKNOWN ELIGIBILITY

USER NOTE: THIS DATA ELEMENT IS CREATED BY USING THE MSIS MAINTENANCE  
 ASSISTANCE STATUS (MAS) IN THE FIRST POSITION AND THE MSIS BASIS OF  
 ELIGIBILITY (BOE) IN THE SECOND POSITION. CODING IS THE SAME AS IT WAS  
 FOR THE 1996-98 SMRF FILES, EXCEPT THAT CODE VALUES 51 TO 55 HAVE BEEN  
 ADDED FOR 1999 AND VALUE 3A IS ADDED FOR 2000.

SOURCE: THIS CODE IS EXTRACTED FROM "SMRF UNIFORM ELIGIBILITY CODE - MOST  
 RECENT" IN THE SMRF PERSON SUMMARY FILE.



MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
11.SMRF UNIFORM ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	2	68	69	STATE MEDICAID RESEARCH FILES (SMRF) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - FOR THE MONTH OF SERVICE.

CODES:

- 00 = NOT ELIGIBLE
- 11 = AGED, CASH
- 12 = BLIND/DISABLED, CASH
- 14 = AFDC CHILD, CASH
- 16 = AFDC-U CHILD, CASH
- 15 = AFDC ADULT, CASH
- 17 = AFDC-U ADULT, CASH
- 21 = AGED, MN
- 22 = BLIND/DISABLED, MEDICALLY NEEDY (MN)
- 24 = AFDC CHILD, MN
- 25 = AFDC ADULT, MN
- 31 = AGED, POVERTY
- 32 = BLIND/DISABLED, POVERTY
- 34 = CHILD, POVERTY
- 35 = ADULT, POVERTY
- 3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION  
ACT OF 2000, POVERTY
- 41 = OTHER AGED
- 42 = OTHER BLIND/DISABLED
- 48 = FOSTER CARE CHILD
- 44 = OTHER CHILD
- 45 = OTHER ADULT
- 51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION
- 52 = DISABLED, SECTION 1115 DEMONSTRATION EXPANSION
- 54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION
- 55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION
- 99 = UNKNOWN ELIGIBILITY

USER NOTE: THIS DATA ELEMENT IS CREATED BY USING THE MSIS MAINTENANCE ASSISTANCE STATUS (MAS) IN THE FIRST POSITION AND THE MSIS BASIS OF ELIGIBILITY (BOE) IN THE SECOND POSITION. CODING IS THE SAME AS IT WAS FOR THE 1996-98 SMRF FILES, EXCEPT THAT CODE VALUES 51 TO 55 HAVE BEEN ADDED FOR 1999 AND VALUE 3A IS ADDED FOR 2000.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF "MONTHLY SMRF UNIFORM ELIGIBILITY GROUP" IN THE SMRF PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.

MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

	NAME	TYPE	POSITIONS			CONTENTS
			LENGTH	BEG	END	
***	CROSSOVER GROUP	GROUP	4	70	73	INFORMATION FROM MSIS ELIGIBILITY AND CLAIMS FILES ON CROSSOVER STATUS (DUAL ELIGIBILITY FOR MEDICAID AND MEDICARE).
12.	ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL OLD VALUES	NUM	1	70	70	<p>INDICATES THAT THE ELIGIBLE IS OR HAS BEEN COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL ELIGIBILITY OR MEDICARE CODE)</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = NO CROSSOVER</p> <p>1 = IN MSIS, THE DUAL ELIGIBILITY FLAG HAS A VALUE OF 1 (MEANING THAT THE PERSON IS COVERED BY MEDICARE)</p> <p>2 = IN MSIS, MEDICARE DEDUCTIBLE OR COINSURANCE WAS PAID BY MEDICAID ON AT LEAST ONE (INPATIENT HOSPITAL OR LONG TERM CARE) CLAIM DURING THE YEAR</p> <p>3 = IN MSIS, BOTH 1 AND 2 APPLY</p> <p>4 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND NEITHER 1 NOR 2 APPLY.</p> <p>5 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND 1 APPLIES.</p> <p>6 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND 2 APPLIES.</p> <p>7 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND BOTH 1 AND 2 APPLY.</p> <p>9 = ELIGIBLE'S MEDICARE STATUS IS UNKNOWN</p> <p>USER NOTE: BEGINNING IN 10/98, MSIS CAPTURES GREATER DETAIL ON DUAL ELIGIBILITY. GIVEN THE IMPORTANCE OF CROSSOVER STATUS FOR SOME DATA USERS, THE EXPANDED DETAIL APPEARS AS DATA ELEMENT #14 IN THIS FILE. USERS SHOULD NOTE THAT THIS IS AN ANNUAL OBSERVATION OF MEDICARE CROSSOVER STATUS WHICH MAY OR MAY NOT CORRESPOND TO ACTUAL CROSSOVER STATUS FOR THE DATE(S) OF SERVICE IN THIS RECORD.</p> <p>SOURCE: THIS DATA ELEMENT IS TAKEN FROM THE SMRF PERSON SUMMARY FILE.</p>

MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
13. ELIGIBLE MEDICARE CROSSOVER CODE - CLAIM-BASED	NUM	1	71	71	<p>INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE WHEN THIS SERVICE WAS RENDERED.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = NO MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE</p> <p>1 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE</p> <p>SOURCE: DEDUCTIBLE OR COINSURANCE PAID AMOUNTS ARE OBTAINED FROM MSIS CLAIMS DATA.</p>
14. ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL NEW VALUES	NUM	2	72	73	<p>INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL OR MEDICARE ELIGIBILITY, ACCORDING TO MEDICAID (MSIS), MEDICARE (EDB) OR BOTH.</p> <p>2 CHARACTERS</p> <p>CODES:</p> <p>00 = IN MSIS, ELIGIBLE IS NOT A MEDICARE BENEFICIARY</p> <p>01 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QMB ONLY</p> <p>02 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QMB AND FULL MEDICAID COVERAGE</p> <p>03 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-SLMB ONLY</p> <p>04 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-SLMB AND FULL MEDICAID COVERAGE</p> <p>05 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QDWI</p> <p>06 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QUALIFYING INDIVIDUALS (1)</p> <p>07 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QUALIFYING INDIVIDUALS (2)</p> <p>08 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-OTHER DUAL ELIGIBLES</p> <p>09 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-DUAL ELIGIBILITY CATEGORY UNKNOWN</p> <p>50 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODES 01-09 DO NOT APPLY</p> <p>51 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 01 APPLIES</p> <p>52 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 02 APPLIES</p> <p>53 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 03 APPLIES</p>

## MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				54 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 04 APPLIES
				55 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 05 APPLIES
				56 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 06 APPLIES
				57 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 07 APPLIES
				58 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 08 APPLIES
				59 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 09 APPLIES
				99 = ELIGIBLE'S MEDICARE STATUS IS UNKNOWN
				 USER NOTE: USERS SHOULD NOTE THAT THIS IS AN ANNUAL OBSERVATION OF MEDICARE CROSSOVER STATUS WHICH MAY OR MAY NOT CORRESPOND TO ACTUAL CROSSOVER STATUS FOR THE DATE(S) OF SERVICE IN THIS RECORD. PRIOR TO IN 10/98, MSIS DID NOT CAPTURE AS MUCH DETAIL ON DUAL ELIGIBILITY. GIVEN THE IMPORTANCE OF CROSSOVER STATUS FOR SOME DATA USERS AND THE NEED FOR SOME USERS TO HAVE CONTINUITY WITH PAST DEFINITIONS, THE ODL VALUES APPEAR AS DATA ELEMENT #12 IN THIS FILE.
				 SOURCE: THIS DATA ELEMENT IS TAKEN FROM THE SMRF PERSON SUMMARY FILE.

	NAME	TYPE	POSITIONS		CONTENTS
			LENGTH	BEG END	
***	UTILIZATION SUMMARY REGION	REGION	168	74 241	DETAILED INFORMATION FROM MSIS CLAIMS ON THE SERVICE PROVIDED.
**	SERVICE GROUP	GROUP	17	74 90	DETAILED INFORMATION ON THE TYPE OF SERVICE, PLACE OF SERVICE AND PROVIDER IDENTIFICATION.
15.	MSIS TYPE OF SERVICE CODE	NUM	2	74 75	CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE.
					2 DIGITS
					CODES (TYPES OF SERVICE THAT APPLY TO THIS FILE TYPE ARE IN BOLD):
					01 INPATIENT HOSPITAL
					<b>02 MENTAL HOSPITAL SERVICES FOR THE AGED</b>
					<b>04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21</b>
					<b>05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED</b>
					<b>07 NURSING FACILITY SERVICES (NFS) - ALL OTHER</b>
					08 PHYSICIANS
					09 DENTAL
					10 OTHER PRACTITIONERS
					11 OUTPATIENT HOSPITAL
					12 CLINIC
					13 HOME HEALTH
					15 LAB AND X-RAY
					16 PRESCRIBED DRUGS
					19 OTHER SERVICES
					20 CAPITATED PAYMENTS TO HMO OR HIO PLAN
					21 CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs
					22 CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM
					24 STERILIZATIONS
					25 ABORTIONS
					26 TRANSPORTATION SERVICES
					30 PERSONAL CARE SERVICES
					31 TARGETED CASE MANAGEMENT
					33 REHABILITATION SERVICES
					34 PT, OT, SPEECH, HEARING SERVICES
					35 HOSPICE BENEFITS
					36 NURSE MIDWIFE SERVICES
					37 NURSE PRACTITIONER SERVICES
					38 PRIVATE DUTY NURSING
					39 RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS
					99 UNKNOWN

## MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
<p>USER NOTE: THE ONLY MSIS TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE:</p> <p>TOS = 02 MENTAL HOSPITAL SERVICES FOR THE AGED</p> <p>04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21</p> <p>05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED</p> <p>07 NURSING FACILITY SERVICES (NFS) - ALL OTHER</p> <p>USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40. BEGINNING IN 10/98, MSIS IDENTIFIED EPSDT; FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, "PROGRAM TYPE". A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998.</p> <p>SOURCE: MSIS CLAIMS FILE</p>				

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
16. MSIS TYPE OF PROGRAM CODE	NUM	1	76	76	<p>CODE INDICATING THE SPECIAL MEDICAID PROGRAM UNDER WHICH THE SERVICE WAS PROVIDED.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = NO SPECIAL PROGRAM</p> <p>1 = EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)</p> <p>2 = FAMILY PLANNING</p> <p>3 = RURAL HEALTH CLINIC</p> <p>4 = FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)</p> <p>5 = INDIAN HEALTH SERVICES</p> <p>6 = HOME AND COMMUNITY BASED CARE FOR DISABLED ELDERLY AND INDIVIDUALS AGE 65 AND OLDER</p> <p>7 = HOME AND COMMUNITY BASED CARE WAIVER SERVICES</p> <p>9 = UNKNOWN</p> <p>USER NOTE: UNDER EPSDT REQUIREMENTS, STATES MUST PROVIDE HEALTH SCREENING, VISION, HEARING AND DENTAL SERVICES TO CHILDREN UNDER THE AGE OF 21. THESE SERVICES MUST BE PROVIDED AT INTERVALS TO MEET RECOGNIZED STANDARDS OF MEDICAL AND DENTAL PRACTICE AND OTHER INTERVALS TO DETERMINE IF PHYSICAL OR MENTAL ILLNESSES OR CONDITIONS EXIST. STATES MUST ALSO PROVIDE ANY SERVICE NEEDED TO TREAT AN ILLNESS OR CONDITION IDENTIFIED BY A SCREEN (TO THE EXTENT THAT IS A SERVICE THAT IS PERMITTED UNDER MEDICAID LAW), REGARDLESS OF WHETHER THE SERVICE IS OTHERWISE INCLUDED UNDER THE STATE MEDICAID PLAN. ALTHOUGH EPSDT MAY BE VIEWED AS A PROGRAM BY SOME, IT CAN BE MORE ACCURATELY DESCRIBED AS A GROUP OF SERVICES, WITH A STRONG EMPHASIS ON PREVENTIVE CARE. HOWEVER, THERE IS NO STANDARD DEFINITION OF EPSDT SERVICES AND THERE ARE NO STANDARD REPORTING REQUIREMENTS FOR EPSDT SERVICES IN MEDICAID DATA SYSTEMS. THEREFORE, THERE IS SUBSTANTIAL VARIATION IN REPORTING FOR EPSDT ACROSS STATES. FOR THESE REASONS, USE OF TYPE OF PROGRAM = 1 (EPSDT) IS UNRELIABLE FOR CROSS-STATE COMPARISONS OR DEVELOPMENT OF NATIONAL STATISTICS. EXTREME CAUTION SHOULD BE EXERCISED IN ATTRIBUTING MEANING TO THIS CODE VALUE.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
17. SMRF TYPE OF SERVICE CODE	NUM	2	77	78	<p>CODE INDICATING THE STATE MEDICAID RESEARCH FILES (SMRF) TYPE OF SERVICE FOR THIS RECORD.</p> <p>2 DIGITS</p> <p>CODES (TYPES OF SERVICE THAT APPLY TO THIS FILE TYPE ARE IN BOLD):</p> <p>01 INPATIENT HOSPITAL</p> <p><b>02 MENTAL HOSPITAL SERVICES FOR THE AGED</b></p> <p><b>04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21</b></p> <p><b>05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED</b></p> <p><b>07 NURSING FACILITY SERVICES (NFS) - ALL OTHER</b></p> <p>08 PHYSICIANS</p> <p>09 DENTAL</p> <p>10 OTHER PRACTITIONERS</p> <p>11 OUTPATIENT HOSPITAL</p> <p>12 CLINIC</p> <p>13 HOME HEALTH</p> <p>15 LAB AND X-RAY</p> <p>16 PRESCRIBED DRUGS</p> <p>19 OTHER SERVICES</p> <p>20 CAPITATED PAYMENTS TO HMO OR HIO PLAN</p> <p>21 CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs</p> <p>22 CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM</p> <p>24 STERILIZATIONS</p> <p>25 ABORTIONS</p> <p>26 TRANSPORTATION SERVICES</p> <p>30 PERSONAL CARE SERVICES</p> <p>31 TARGETED CASE MANAGEMENT</p> <p>33 REHABILITATION SERVICES</p> <p>34 PT, OT, SPEECH, HEARING SERVICES</p> <p>35 HOSPICE BENEFITS</p> <p>36 NURSE MIDWIFE SERVICES</p> <p>37 NURSE PRACTITIONER SERVICES</p> <p>38 PRIVATE DUTY NURSING</p> <p>39 RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS</p> <p>51 DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)</p> <p>52 RESIDENTIAL CARE</p> <p>53 PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)</p> <p>54 ADULT DAY CARE</p> <p>99 UNKNOWN</p>



## MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

		POSITIONS			
NAME	TYPE	LENGTH	BEG	END	CONTENTS
-----					
USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40. BEGINNING IN 10/98, MSIS IDENTIFIED EPSDT; FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, "PROGRAM TYPE". A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998.					
SOURCE: MSIS CLAIMS FILE					

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
18. BILLING PROVIDER IDENTIFICATION NUMBER	CHAR	12	79	90	STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE BILLING PROVIDER.  12 CHARACTERS  SOURCE: MSIS CLAIMS FILE
** CLAIMS AND PAYMENT GROUP	GROUP	72	91	162	DETAILED DATA FROM MSIS CLAIMS ON TYPE OF CLAIM, TYPE OF COVERAGE, PAYMENTS AND CHARGES FROM MSIS CLAIMS.
19. TYPE OF CLAIM CODE	NUM	1	91	91	CODE INDICATING THE TYPE OF CLAIM.  1 DIGIT  CODES: 1 = A CURRENT FEE-FOR-SERVICE CLAIM FOR MEDICAL SERVICES. 2 = CAPITATED PAYMENT. 3 = ENCOUNTER (A.K.A. "DUMMY") RECORD THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN. 4 = A 'SERVICE TRACKING CLAIM' THAT DOCUMENTS SERVICES RECEIVED BY AN INDIVIDUAL PATIENT, WHEN THE STATE ACCEPTS A LUMP SUM BILL FROM A PROVIDER THAT COVERED SIMILAR SERVICES DELIVERED TO MORE THAN ONE PATIENT, SUCH AS GROUP SCREENING FOR EPSDT. 5 = SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE) (E.G. FQHC ADDITIONAL REIMBURSEMENT). 9 = UNKNOWN  USER NOTE: VOIDED CLAIMS ARE NOT RETAINED IN SMRF AS \$0 PAID CLAIMS.  SOURCE: MSIS CLAIMS FILE

## MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
20. ADJUSTMENT CODE	NUM	1	92	92	<p>CODE INDICATING IF THE CLAIMS FOR THIS SERVICE WERE ONLY ORIGINAL SUBMISSIONS, INCLUDED ADJUSTMENTS OF ANY TYPE OR IF ONE OR MORE ORIGINAL SUBMISSIONS WAS MISSING.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = NO ADJUSTMENT OF CLAIMS WAS REQUIRED, SINCE ALL CLAIMS FOR THIS RECORD WERE ORIGINAL CLAIMS (ALL CLAIMS FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT "ADJUSTMENT INDICATOR"). IN THIS CASE, ORIGINAL CLAIMS WERE COMBINED FOR THIS RECORD.</p> <p>1 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS, BY COMBINING ORIGINAL AND ADJUSTMENT CLAIMS FOR THIS RECORD. THIS MEANS THAT THERE WAS AT LEAST ONE ORIGINAL CLAIM AND AT LEAST ONE ADJUSTMENT CLAIM IN THE SET OF CLAIMS FOR THIS RECORD (AT LEAST ONE CLAIM FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT "ADJUSTMENT INDICATOR" AND AT LEAST ONE CLAIM FOR THIS RECORD HAD A VALUE OTHER THAN 0 IN THE MSIS DATA ELEMENT "ADJUSTMENT INDICATOR").</p> <p>2 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS NOT POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS (NONE OF THE CLAIMS FOR THIS RECORD HAD A VALUE = 0 IN THE MSIS DATA ELEMENT "ADJUSTMENT INDICATOR").</p> <p>SOURCE: CODED AT HCFA USING THE MSIS CLAIMS FILE</p>

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
21. MANAGED CARE TYPE OF PLAN CODE	NUM	2	93	94	<p>CODE INDICATING THE TYPE OF MANAGED CARE PLAN, IF ANY, UNDER WHICH THE NON-FEE-FOR-SERVICE ENCOUNTER WAS PROVIDED.</p> <p>1 DIGIT CODES:</p> <p>00 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH. 01 = ELIGIBLE IS ENROLLED IN A MEDICAL OR COMPREHENSIVE MANAGED CARE PLAN THIS MONTH (E.G. HMO). 02 = ELIGIBLE IS ENROLLED IN A DENTAL MANAGED CARE PLAN THIS MONTH. 03 = ELIGIBLE IS ENROLLED IN A BEHAVIORAL MANAGED CARE PLAN THIS MONTH. 04 = ELIGIBLE IS ENROLLED IN A PRENATAL/DELIVERY MANAGED CARE PLAN THIS MONTH. 05 = ELIGIBLE IS ENROLLED IN A LONG-TERM CARE MANAGED CARE PLAN THIS MONTH. 06 = ELIGIBLE IS ENROLLED IN A PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) THIS MONTH. 07 = ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT MANAGED CARE PLAN THIS MONTH. 08 = ELIGIBLE IS ENROLLED IN AN OTHER MANAGED CARE PLAN THIS MONTH. 66 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE IS NO REPORT OF MANAGED CARE ENROLLMENT IN THE ELIGIBILITY RECORD FOR THIS PERSON IN THIS MONTH. 77 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE WAS NO MATCH BETWEEN THE PLAN IDENTIFICATION NUMBER (DATA ELEMENT #22) AND THE PLAN IDENTIFIERS IN THE ELIGIBILITY RECORD FOR THIS PERSON IN THIS MONTH. 88 = NOT APPLICABLE, THIS RECORD IS NOT AN ENCOUNTER RECORD. 99 = ELIGIBLE'S MANAGED CARE PLAN STATUS IS UNKNOWN.</p> <p>USER NOTE: THIS DATA ELEMENT IS 8-FILLED FOR NON-ENCOUNTER RECORDS.</p> <p>SOURCE: MSIS ELIGIBILITY FILE, BY MATCHING THE ELIGIBLE'S MSIS PLAN-ID-NUMBER FROM THE CLAIM(S) TO THE ELIGIBLE'S ELIGIBILITY RECORD FOR THE MONTH OF THE ENCOUNTER RECORD. SEE DATA ELEMENT #22.</p>
22. MANAGED CARE PLAN IDENTIFICATION NUMBER	CHAR	12	95	106	<p>A UNIQUE IDENTIFIER WHICH REPRESENTS THE HEALTH PLAN UNDER WHICH THE NON-FEE-FOR-SERVICE ENCOUNTER WAS PROVIDED.</p> <p>12 CHARACTERS</p> <p>USER NOTE: THIS DATA ELEMENT IS 8-FILLED FOR NON-ENCOUNTER RECORDS.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

## MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
23. MEDICAID PAYMENT AMOUNT	NUM	8	107	114	<p>TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)</p> <p>USER NOTES: THIS PAYMENT AMOUNT IS = \$0 FOR ENCOUNTER RECORDS. IN MSIS, STATES ARE INSTRUCTED TO SET MEDICAID PAYMENT AMOUNT = \$0 FOR RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTERS). IN SMRF, WE AGAIN SET MEDICAID PAYMENT AMOUNT = \$0 FOR ENCOUNTERS, TO ELIMINATE THE POSSIBILITY OF AMOUNTS &gt; \$0 APPEARING, IN ERROR. MEDICAID AMOUNT PAID IS SET VALUE = \$0 BECAUSE MEDICAID PAYMENT FOR THESE ENCOUNTER RECORDS IS ALREADY CAPTURED IN PREMIUM PAYMENT RECORDS (WITH AMOUNTS &gt; \$0). THE PREMIUM PAYMENT RECORDS CONTAIN EITHER MSIS TYPE OF SERVICE = 20 (CAPITATED PAYMENTS TO HMO OR HIO PLAN), TOS=21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs) OR TOS=22 (CAPITATED PAYMENT FOR PRIMARY CARE CASE MANAGEMENT - PCCMs).</p> <p>THERE ARE INSTANCES WHERE THIS PAYMENT AMOUNT MAY BE SET VALUE &lt; \$0 FOR FEE-FOR-SERVICE RECORDS. THIS SHOULD OCCUR ONLY ON CLINIC, PHYSICIAN OR OUTPATIENT DEPARTMENT BILLS FOR SELECTED STATES. THIS SITUATION HAS OCCURRED IN SEVERAL STATES, BUT HAS NOT BEEN A SIGNIFICANT ISSUE EXCEPT IN MONTANA WHERE OVER 8 PERCENT OF MSIS ORIGINAL OTHER SERVICES CLAIMS HAD A MEDICAID PAYMENT AMOUNT &lt; \$0.</p> <p>WHERE THE MEDICAID PAYMENT AMOUNT IS SET &lt; \$0 IN A SMRF RECORD, THE PROVIDER BILLS USUALLY CONSIST OF A SUMMARY AND ONE OR MORE LINE ITEMS. THE SUMMARY CONTAINS INFORMATION ABOUT MEDICAID PAYMENT AMOUNT AND OTHER PAYMENTS, E.G. PAYMENTS BY OTHER INSURERS, KNOWN AS THIRD PARTY LIABILITY (TPL). THE SUMMARY DOES NOT INCLUDE DETAIL ON THE ACTUAL SERVICES PROVIDED. THAT DETAIL IS FOUND IN THE LINE ITEMS, BUT THE LINE ITEMS DO NOT INCLUDE THE ACTUAL MEDICAID PAYMENT AMOUNT. FOR THESE REASONS, STATES ARE INSTRUCTED TO SUBMIT BOTH THE SUMMARY AND THE LINE ITEMS IN MSIS SO THAT WE WILL HAVE THE MOST COMPLETE RECORD POSSIBLE OF SERVICES AND PAYMENTS. FOR THE SAME REASON, BOTH TYPES OF RECORDS ARE ALSO CAPTURED IN SMRF.</p>

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
-----	----	-----	-----	----	-----
					<p>THE INDIVIDUAL LINE ITEMS CONTAIN AN "ALLOWED PAYMENT AMOUNT", AN AMOUNT THAT HAS NOT BEEN REDUCED BY PAYMENTS FROM OTHER INSURERS (TPL) OR OUT-OF-POCKET PAYMENTS BY THE ELIGIBLE (PATIENT SHARE AMOUNTS). IF BOTH ALLOWED AND ACTUAL PAYMENTS ARE RETAINED, SUMS OF PAYMENT AMOUNTS ACROSS THE SUMMARY AND LINE ITEMS WILL OVERSTATE ACTUAL MEDICAID PAYMENTS. FURTHERMORE, THERE IS NO WAY TO APPORTION OR DISTRIBUTE THE ACTUAL MEDICAID PAYMENT AMOUNT FROM THE SUMMARY TO THE INDIVIDUAL LINE ITEMS. SO, THE DECISION WAS MADE TO RETAIN THE ALLOWED PAYMENT AMOUNTS IN THE LINE ITEMS, RETAIN THE TPL AMOUNT IN THE SUMMARY AND ADJUST MEDICAID PAYMENT (IN THE SUMMARY) SO THAT THE SUM ACROSS ALL RECORDS (SUMMARY AND LINE ITEMS) IS EQUAL TO THE ACTUAL MEDICAID PAYMENT AMOUNT. BECAUSE OF THIS, MEDICAID PAYMENT AMOUNT MAY BE ADJUSTED TO AN AMOUNT &lt; \$0 SO THAT THE SUM OF ALL PAYMENT AMOUNTS LESS TPL IS EQUAL TO THE ACTUAL MEDICAID PAYMENT AMOUNT.</p> <p>SOURCE: CODED AT HCFA AS NOTED ABOVE USING MSIS CLAIMS FILE</p>
24. THIRD PARTY PAYMENT AMOUNT	NUM	8	115	122	<p>TOTAL AMOUNT OF MONEY PAID BY A THIRD PARTY (I.E. ALL SOURCES OTHER THAN MEDICAID, MEDICARE AND THE ELIGIBLE'S PERSONAL FUNDS) FOR THIS SERVICE.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)</p> <p>USER NOTE: THERE MAY BE SUBSTANTIAL VARIATION IN THE REPORTING OF THIRD PARTY LIABILITY (TPL) AMOUNTS ACROSS STATES. THIS IS BECAUSE STATES USE DIFFERENT METHODS OF COLLECTING TPL PAYMENTS. SOME STATES MAY REQUIRE PROVIDERS TO THOROUGHLY PURSUE COLLECTION OF TPL PAYMENTS BEFORE CLAIMS ARE ADJUDICATED FOR MEDICAID PAYMENT. OTHER STATES MAY DESIRE TO PAY PROVIDERS PROMPTLY AND THEN RECOVER TPL PAYMENTS FROM OTHER PAYERS. FOR THESE REASONS, THE EXTENT TO WHICH TPL COLLECTIONS ARE ACCURATELY REPORTED IN MSIS IS UNKNOWN.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
25. PAYMENT DATE	NUM	8	123	130	<p>DATE ON WHICH THE CLAIM OR ENCOUNTER RECORD WAS ADJUDICATED BY THE STATE.</p> <p>8 DIGITS</p> <p>EDIT-RULES: YYYYMMDD</p> <p>USER NOTE: FOR FEE-FOR-SERVICE CLAIMS THIS IS THE DATE THE CLAIM WAS ADJUDICATED FOR PAYMENT.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
26. CHARGE AMOUNT	NUM	8	131	138	<p>TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER FOR THIS SERVICE.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)</p> <p>USER NOTE: THIS PAYMENT AMOUNT IS = \$0 FOR ENCOUNTER RECORDS. IN MSIS, FOR TYPE OF CLAIM = 3 (ENCOUNTERS), STATES ARE INSTRUCTED TO REPORT PAYMENT AMOUNTS BY A PLAN TO A PROVIDER IN THE "AMOUNT CHARGED" DATA ELEMENT. HOWEVER, SUCH PAYMENTS ARE NOT ACTUAL PROVIDER CHARGES. THEREFORE, IN SMRF FOR TYPE OF CLAIM = 3 (ENCOUNTERS), THE MSIS VALUE OF "AMOUNT CHARGED" HAS BEEN MOVED TO DATA ELEMENT #27 (PREPAID PLAN SERVICE VALUE) AND SMRF CHARGE AMOUNT HAS BEEN RESET TO VALUE = \$0. AS A RESULT, SMRF CHARGE AMOUNT WILL HAVE VALUE = \$0 FOR ALL RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTER) AND VALUE &gt;= \$0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE).</p> <p>SOURCE: CODED AT HCFA AS NOTE ABOVE USING THE MSIS CLAIMS FILE</p>

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
27. PREPAID PLAN SERVICE VALUE	NUM	8	139	146	<p>DOLLAR VALUE PLACED ON THE SERVICE BY THE PROVIDER.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)</p> <p>USER NOTES: THIS PAYMENT AMOUNT IS &gt; \$0 ONLY FOR ENCOUNTER RECORDS. WHILE THIS PAYMENT AMOUNT COULD HAVE VALUE = \$0 FOR SOME ENCOUNTER RECORDS, IT WILL ALWAYS HAVE VALUE = \$0 FOR OTHER TYPES OF RECORDS. FOR RECORDS IN WHICH TYPE OF CLAIM = 3 (ENCOUNTER), THE MSIS VALUE OF "AMOUNT CHARGED" HAS BEEN MOVED TO DATA ELEMENT #27 (PREPAID PLAN SERVICE VALUE) AND SMRF CHARGE AMOUNT HAS BEEN RESET TO VALUE = \$0. SEE DATA ELEMENT #24 (MEDICAID PAYMENT AMOUNT) AND DATA ELEMENT #26 CHARGE AMOUNT FOR ADDITIONAL INFORMATION. AS A RESULT, SMRF PREPAID PLAN SERVICE VALUE WILL HAVE VALUE &gt;= \$0 FOR ALL RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTER) AND VALUE = \$0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE). DEPENDING ON THE PROVIDER AND TYPE OF PREPAID PLAN, THE DOLLAR AMOUNTS IN THIS DATA ELEMENT MAY HAVE DIFFERENT MEANINGS. FOR EXAMPLE, IN AN INDEPENDENT PRACTICE PLAN THE AMOUNT MAY BE A PROVIDER'S CHARGE TO THE PLAN. IN A STAFF MODEL PLAN, THE AMOUNT MAY BE A MEASURE OF RESOURCES USED. FOR THIS REASON, EXTREME CAUTION SHOULD BE EXERCISED WHEN USING THIS DATA ELEMENT.</p> <p>SOURCE: CODED AT HCFA AS NOTED ABOVE USING MSIS CLAIMS FILE</p>
28. MEDICARE COINSURANCE PAYMENT NUM AMOUNT		8	147	154	<p>THE AMOUNT PAID BY MEDICAID, FOR THIS SERVICE, TOWARD THE RECIPIENT'S MEDICARE COINSURANCE LIABILITY.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)</p> <p>SOURCE: MSIS CLAIMS FILE</p>
29. MEDICARE DEDUCTIBLE PAYMENT NUM AMOUNT	NUM	8	155	162	<p>THE AMOUNT PAID BY MEDICAID, FOR THIS SERVICE, TOWARD THE RECIPIENT'S MEDICARE DEDUCTIBLE LIABILITY.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)</p> <p>USER NOTE: THIS DATA ELEMENT IS NOT APPLICABLE FOR THE FOLLOWING SMRF TYPES OF SERVICE: TOS = 5 (INTERMEDIATE CARE FACILITY - ICF - FOR THE MENTALLY RETARDED) OR TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER). THEREFORE, THIS DATA ELEMENT WILL BE 0-FILLED FOR THESE TYPES OF SERVICE.</p> <p>SOURCE: MSIS CLAIMS FILE</p>



	NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
**	LONG TERM CARE GROUP	GROUP	79	163	241	
30.	LONG TERM CARE ADMISSION DATE	NUM	8	163	170	DATE WHICH THE RECIPIENT WAS ADMITTED TO THE LONG TERM CARE FACILITY OR UNIT.  8 DIGITS  EDIT-RULES: YYYYMMDD  <i>USER NOTE: USERS SHOULD NOTE THAT REPORTING IS NOT CONSISTENT AMONG ALL            LONG TERM CARE FACILITIES FOR THIS DATA ELEMENT. IN SOME INSTANCES THIS            MAY BE THE DATE OF ADMISSION FOR THE CURRENT STAY. IN OTHERS, IT MAY BE            THE ORIGINAL DATE OF ADMISSION TO THE FACILITY EVEN IF THERE WERE ONE OR            MORE INTERIM DISCHARGES.</i>  SOURCE: MSIS CLAIMS FILE
31.	SERVICE BEGINNING DATE	NUM	8	171	178	THE BEGINNING DATE OF SERVICE FOR THIS CLAIM.  8 DIGITS  EDIT-RULES: YYYYMMDD  SOURCE: MSIS CLAIMS FILE
32.	ENDING DATE OF SERVICE	NUM	8	179	186	THE LAST DATE OF SERVICE COVERED BY THIS CLAIM.  8 DIGITS  EDIT-RULES: YYYYMMDD  SOURCE: MSIS CLAIMS FILE

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
* DIAGNOSIS CODE GROUP	GROUP	30	187	216	<p>ICD-9-CM DIAGNOSES FOR THIS RECORD. THE EXAMPLE IS FOR THE FIRST LISTED DIAGNOSIS.</p> <p>FIRST DIAGNOSIS (POSITIONS 187 TO 192)  SECOND DIAGNOSIS (POSITIONS 193 TO 198)  THIRD DIAGNOSIS (POSITIONS 199 TO 204)  FOURTH DIAGNOSIS (POSITIONS 205 TO 210)  FIFTH DIAGNOSIS (POSITIONS 211 TO 216)</p>
33. FIRST DIAGNOSIS CODE	CHAR	6	187	192	<p>THE FIRST ICD-9-CM DIAGNOSIS CODE FOR THIS RECORD.</p> <p>EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT</p> <p>USER NOTE: USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT IS AS IT WAS REPORTED BY EACH STATE. IT MAY CONTAIN EITHER BLANK-PADDING OR ZERO-PADDING TO THE RIGHT FOR 3- OR 4-CHARACTER ICD-9-CM CODES.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
34. MENTAL HOSPITAL FOR THE AGED DAY COUNT	NUM	3	217	219	<p>TOTAL NUMBER OF DAYS OF MENTAL HOSPITAL SERVICES FOR THE AGED THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.</p> <p>3 DIGITS SIGNED (SAS USERS: ZONED DECIMAL - ZD3)</p> <p>EDIT-RULES: MAX VALUE IS EDITED TO VALUE &lt;= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0</p> <p><i>USER NOTE: FOR TOS = 2 (MENTAL HOSPITAL SERVICES FOR THE AGED), VALUE IS USUALLY &gt;= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE &lt; 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE &lt; 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE &lt; 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 2), VALUE = 0.</i></p> <p>SOURCE: MSIS CLAIMS FILE</p>

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
35. INPATIENT PSYCHIATRIC FACILITY (AGE < 21) DAY COUNT	NUM	3	220	222	<p>TOTAL NUMBER OF DAYS OF INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21 PAID FOR IN WHOLE OR IN PART BY MEDICAID.</p> <p>3 DIGITS SIGNED (SAS USERS: ZONED DECIMAL - ZD3)</p> <p>EDIT-RULES: MAX VALUE IS EDITED TO VALUE &lt;= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0</p> <p>USER NOTE: FOR TOS = 4 (INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS UNDER THE AGE OF 21), VALUE IS USUALLY &gt;= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE &lt; 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE &lt; 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE &lt; 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 4), VALUE = 0.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
36. INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED DAY COUNT	NUM	3	223	225	<p>TOTAL NUMBER OF DAYS OF INTERMEDIATE CARE FOR THE MENTALLY RETARDED THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.</p> <p>3 DIGITS SIGNED (SAS USERS: ZONED DECIMAL - ZD3)</p> <p>EDIT-RULES: MAX VALUE IS EDITED TO VALUE &lt;= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0</p> <p>USER NOTE: THIS DATA ELEMENT WAS PREVIOUSLY KNOWN AS "INTERMEDIATE CARE DAY COUNT". FOR TOS = 5 (INTERMEDIATE CRE FACILITY FOR THE MENTALLY RETARDED - ICF-MR), VALUE IS USUALLY &gt;= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE &lt; 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE &lt; 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE &lt; 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 5), VALUE = 0.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

MEDICAID ANALYTIC EXTRACT (FORMERLY SMRF) LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
37. NURSING FACILITY DAY COUNT	NUM	3	226	228	<p>TOTAL NUMBER OF DAYS OF NURSING FACILITY CARE INCLUDED IN THIS RECORD THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.</p> <p>3 DIGITS SIGNED (SAS USERS: ZONED DECIMAL - ZD3)</p> <p>EDIT-RULES: MAX VALUE IS EDITED TO VALUE &lt;= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0</p> <p><i>USER NOTE: THIS DATA ELEMENT WAS PREVIOUSLY KNOWN AS "SKILLED CARE DAY COUNT". FOR TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER), VALUE IS USUALLY &gt;= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE &lt; 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE &lt; 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE &lt; 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 7), VALUE = 0.</i></p> <p>SOURCE: MSIS CLAIMS FILE</p>
38. LONG TERM CARE LEAVE DAY COUNT	NUM	3	229	231	<p>TOTAL NUMBER OF DAYS, DURING THE PERIOD COVERED BY MEDICAID, ON WHICH THE ELIGIBLE DID NOT RESIDE IN THE LONG TERM CARE FACILITY.</p> <p>3 DIGITS SIGNED (SAS USERS: ZONED DECIMAL - ZD3)</p> <p>EDIT-RULES: MAX VALUE IS EDITED TO VALUE &lt;= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0</p> <p><i>USER NOTE: FOR TOS = 5 (INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED - ICR-MR) AND TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER), VALUE IS USUALLY &gt;= 0. FOR A SMALL NUMBER OF CLAIMS VALUE MAY BE &lt; 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE &lt; 0. WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE &lt; 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 5 OR 7), VALUE = 0.</i></p> <p>SOURCE: MSIS CLAIMS FILE</p>

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
39. PATIENT STATUS CODE	NUM	2	232 233	<p>CODE INDICATING THE RECIPIENT'S DISCHARGE STATUS.</p> <p>2 DIGITS</p> <p>CODES:</p> <p>01 = DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)</p> <p>02 = DISCHARGED/TRANSFERRED TO ANOTHER SHORT-TERM HOSPITAL</p> <p>03 = DISCHARGED/TRANSFERRED TO NF</p> <p>04 = DISCHARGED/TRANSFERRED TO ICF</p> <p>05 = DISCHARGED/TRANSFERRED TO ANOTHER TYPE INSTITUTION (INCLUDING DISTINCT PARTS) OR REFERRED FOR OUTPATIENT SERVICES TO ANOTHER INSTITUTION</p> <p>06 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION</p> <p>07 = LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE</p> <p>08 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV DRUG THERAPY PROVIDER</p> <p>09 = ADMITTED AS AN INPATIENT TO THIS HOSPITAL</p> <p>20 = EXPIRED (OR DID NOT RECOVER - CHRISTIAN SCIENCE) PATIENT</p> <p>30 = STILL A PATIENT OR DISCHARGED AND EXPECTED TO RETURN FOR OUTPATIENT SERVICE</p> <p>40 = EXPIRED AT HOME (HOSPICE CLAIMS ONLY)</p> <p>41 = EXPIRED IN A MEDICAL FACILITY SUCH AS A HOSPITAL, NF OR FREE-STANDING HOSPICE (HOSPICE CLAIMS ONLY)</p> <p>42 = EXPIRED - PLACE UNKNOWN (HOSPICE CLAIMS ONLY)</p> <p>50 = HOSPICE - HOME</p> <p>51 = HOSPICE - MEDICAL FACILITY</p> <p>99 = UNKNOWN</p> <p>SOURCE: MSIS CLAIMS FILE</p>
40. PATIENT LIABILITY AMOUNT	NUM	8	234 241	<p>THE TOTAL AMOUNT THAT AN ELIGIBLE IS REQUIRED TO SPEND OUT OF THEIR OWN FUNDS, TOWARD THE COST OF THEIR CARE, BEFORE MEDICAID PAYMENTS ARE MADE.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)</p> <p>SOURCE: MSIS CLAIMS FILE</p>